

# NEW JERSEY WING

## VEHICLE INTERCHANGE OR RE-ASSIGNMENT FORM

**(Print Clearly)**

I. VEHICLE DATA					
Vehicle #	Vehicle Type	Issuing Unit #	Date		
<input type="checkbox"/> Vehicle is being interchanged with:		For the period beginning:		Ending date	
Receiving Unit #					
<input type="checkbox"/> Vehicle is being permanently transferred to:					Effective Date
Receiving Unit #					
II. VEHICLE PRE-RELEASE AND RETURN INSPECTION CHECKLIST					
OUT	IN	ITEM	OUT	IN	ITEM
_____	_____	% Fuel	_____	_____	Interior Lights
_____	_____	% Oil	_____	_____	Windows Intact & Clean
_____	_____	% Coolant	_____	_____	Seats
_____	_____	% Brake Fluid	_____	_____	Seat Belts
_____	_____	% Transmission Fluid	_____	_____	First Aid Kit
_____	_____	% Power Steering Fluid	_____	_____	Fire Extinguisher Charged
_____	_____	% Windshield Washer Fluid	_____	_____	Radios Functioning Properly
_____	_____	Belts & Hoses	_____	_____	Interior Condition Clean
_____	_____	Battery Terminals Clean	_____	_____	Jack & Lug Wrench
_____	_____	Windshield Intact & Clean	_____	_____	Noticeable Damage (List Below)
_____	_____	Windshield Wipers Functional	_____	_____	Other Equipment (List Below)
_____	_____	Headlights & High Beams	_____	_____	
_____	_____	Turn Signals & Brake Lights	_____	_____	
_____	_____	Reverse Lights & Alarm	_____	_____	
_____	_____	Spare Tire Condition & Pressure	_____	_____	
_____	_____	Tires Condition & Pressure	_____	_____	
_____	_____	Radio Antennas	_____	_____	
_____	_____	Exterior Condition Clean	_____	_____	
III. DRIVER'S CERTIFICATION ON ISSUE					
I certify that I have inspected this vehicle according to the checklist above and all items are as indicated except as noted in this section.					
Accepting Driver's Signature		Name & Grade (Print)		Date	
IV. DRIVER'S CERTIFICATION ON RETURN					
I certify that I have inspected this vehicle according to the checklist above and all items are as indicated except as noted in this section.					
Accepting Driver's Signature		Name & Grade (Print)		Date	